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16638 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. 1.53(b))

| | |
|---------------------|---|
| Attorney Docket No. | 11884/407501 |
| First Inventor | BABU, Suresh Rangaswamy |
| Title | AUTOMATED RECALL MANAGEMENT SYSTEM FOR ENTERPRISE MANAGEMENT APPLICATIONS |

Express Mail Label No.

| APPLICATION ELEMENTS | | ADDRESS TO: | |
|---|---|--|--|
| See MPEP chapter 600 concerning utility patent application contents. | | Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 16] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> | | |
| ACCOMPANYING APPLICATIONS PARTS | | | |
| <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Non-publication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p> | | | |

18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ /
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | | |
|--|-------|--|----------------|
| <input type="checkbox"/> Customer Number or Bar Code Label | 23838 | or <input type="checkbox"/> Correspondence address below | |
| Name _____ _____ _____ | | | |
| Address _____ _____ _____ | | | |
| City _____ | | State _____ | Zip Code _____ |
| Country _____ | | Telephone _____ | |
| Fax _____ | | | |

| | | | |
|-------------------|----------------------|---|-------------------|
| Name (Print/Type) | Robert L. Hails, Jr. | Registration No. (Attorney/Agent) | 39,702 |
| Signature | |  | |
| | | Date | February 12, 2004 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 982.00)

| Complete if Known | |
|----------------------|-------------------------|
| Application Number | Not assigned |
| Filing Date | February 12, 2004 |
| First Named Inventor | BABU, Suresh Rangaswamy |
| Examiner Name | Not assigned |
| Art Unit | Not assigned |
| Attorney Docket No. | 11884/407501 |

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Other None
 Order
 Deposit Account:

Deposit Account Number 11-0600

Deposit Account Name Kenyon & Kenyon

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
 FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|-----------------|----------|
| Fee Code | Fee Code | Fee (\$) | Fee (\$) |
| 1001 | 2001 | 770 | 770 |
| 1002 | 2002 | 340 | 340 |
| 1003 | 2003 | 530 | 530 |
| 1004 | 2004 | 770 | 770 |
| 1005 | 2005 | 160 | 160 |
| SUBTOTAL (1) | | (\$ 770) | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

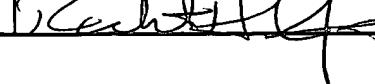
| Total Claims | 19 | -20 ** | = | 0 | X | 18 | = | | Fee Paid |
|--------------------|----|--------|---|---|---|-----|---|-----|----------|
| Independent Claims | 5 | -3 ** | = | 2 | X | 86 | = | 172 | |
| Multiple Dependent | | | | | X | 290 | = | | |

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|-----------------|
| Fee Code | Fee Code | Fee (\$) |
| 1202 | 2202 | 18 |
| 1201 | 2201 | 86 |
| 1203 | 2203 | 290 |
| 1204 | 2204 | 86 |
| 1205 | 2205 | 18 |
| SUBTOTAL (2) | | (\$ 172) |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity | Small Entity | Fee Description | Fee Paid |
|-----------------------------------|--------------|----------------------|----------|
| Fee Code | Fee Code | Fee (\$) | Fee (\$) |
| 1051 | 2051 | 130 | 65 |
| 1052 | 2052 | 50 | 25 |
| 1053 | 1053 | 130 | 130 |
| 1812 | 1812 | 2,520 | 2,520 |
| 1804 | 1804 | 920* | 920* |
| 1805 | 1805 | 1,840 | 1,840* |
| 1251 | 2251 | 110 | 55 |
| 1252 | 2252 | 420 | 210 |
| 1253 | 2253 | 950 | 475 |
| 1254 | 2254 | 1,480 | 740 |
| 1255 | 2255 | 2,010 | 1,005 |
| 1401 | 2401 | 330 | 165 |
| 1402 | 2402 | 330 | 165 |
| 1403 | 2403 | 290 | 145 |
| 1451 | 1451 | 1,510 | 1,510 |
| 1452 | 2452 | 110 | 55 |
| 1453 | 2453 | 1,330 | 665 |
| 1501 | 2501 | 1,330 | 665 |
| 1502 | 2502 | 480 | 240 |
| 1503 | 2503 | 640 | 320 |
| 1460 | 1460 | 130 | 130 |
| 1807 | 1807 | 50 | 50 |
| 1806 | 1806 | 180 | 180 |
| 8021 | 8021 | 40 | 40 |
| 1809 | 2809 | 770 | 385 |
| 1810 | 2810 | 770 | 385 |
| 1801 | 2801 | 770 | 385 |
| 1802 | 1802 | 900 | 900 |
| Other fee (specify) | | | |
| *Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) (\$ 40) | |

| SUBMITTED BY | | Complete (if applicable) | | | |
|-------------------|---|--------------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | Robert L. Hails, Jr. | Registration No. (Attorney/Agent) | 39,702 | Telephone | (202) 220-4200 |
| Signature |  | | | Date | February 12, 2004 |